

**ULSTER COUNTY ABSENTEE BALLOT APPLICATION**  
**ALL INFORMATION REQUESTED *MUST* BE COMPLETED**

**MAIL TO:** ULSTER CO. BOARD OF ELECTIONS  
284 WALL STREET  
KINGSTON, N.Y. 12401-3627

**FOR OFFICE USE ONLY**

Town/Dst \_\_\_\_\_  
Reg # \_\_\_\_\_ Party – \_\_\_\_\_  
Date of Birth – \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TOWN \_\_\_\_\_

I am a registered voter in Ulster County and do now apply for an absentee ballot for all elections for which I am qualified.  
I know of no reason why I am no longer qualified to vote.

**THIS IS A REQUIRED FIELD:**

**SEND BALLOT TO:** \_\_\_\_\_  
**(OR GIVE TO)** \_\_\_\_\_  
\_\_\_\_\_

*I will be absent from Ulster County or unable to vote at my polling place on the day of election:*

**Dates you intend to be out of Ulster County:** From \_\_\_\_\_ To \_\_\_\_\_

**Please state where you will be on Election Day** \_\_\_\_\_  
(City, State or Foreign Country)

**PLEASE CHECK ONE OF THE FOLLOWING REASONS:**

- \_\_\_\_ 1. BUSINESS / VACATION  
\_\_\_\_ 2. EDUCATION  
\_\_\_\_ 3. TEMPORARY ILLNESS  
\_\_\_\_ 4. I AM PERMANENTLY CONFINED/DISABLED (STATE NATURE OF ILLNESS OR DISABILITY)  
\_\_\_\_  
\_\_\_\_ 5. DETAINED IN JAIL AWAITING GRAND JURY ACTION OR CONFINED IN PRISON AFTER  
CONVICTION FOR AN OFFENSE OTHER THAN A FELONY.

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**All APPLICANTS MUST FILL OUT ONE OF THE FOLLOWING**

**A. I certify that the information in this application will be accepted for all purposes as the equivalent of an affidavit and, if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn.**

DATE \_\_\_\_\_ SIGNATURE OF VOTER \_\_\_\_\_

**B. If applicant is unable to sign the application because of illness or physical disability the following statement must be completed. By my mark, duly witnessed hereunder, I state that I am unable to write because of my illness, physical disability or I cannot read. I have made or have received assistance in making my mark in lieu of my signature.**

DATE \_\_\_\_\_ MARK OF VOTER \_\_\_\_\_

I certify that the above named voter affixed his mark to this application in my presence and I know him to be the person who affixed his mark to the application and understand that this statement will be accepted for all purposes as the equivalent of an affidavit and if it contains a false statement, shall subject me to the same penalties as if I had been duly sworn.

DATE \_\_\_\_\_ SIGNATURE OF WITNESS \_\_\_\_\_

***THIS APPLICATION MUST BE POSTMARKED NO LATER THAN 7 DAYS BEFORE ELECTION  
IN PERSON APPLICATION AND VOTING UP TO 5PM THE DAY BEFORE ELECTION***